	Coco 25 10144 ama Doc 14	Filad 02/	11/25	Entoro	طـ۵2/1	1/25 12:1	O.OS Doco Me	nin
Fill	in this information to identify your case:		J)∠(.		x only as directed in thi	
D	ebtor 1 Alkareem Qaadir	Logan					no presumption of abu	
	First Name Middle Name	Last Name				_		
	ebtor 2 Spouse, if filing) First Name Middle Name	Last Name				of abuse a	ulation to determine if a copies will be made und the colorist to the colorist	der Chapter 7
U	nited States Bankruptcy Court for the: Easter	rn District of	Pennsylva	nia	_	3. The Mea	ans Test does not apply military service but it o	now because
	ase number 25-10144-amc							,
(11	known)					☐ Check if th	is is an amended filing	
Of	ficial Form 122A-1							
Cł	napter 7 Statement of Your	Curren	t Mont	thly I	ncoi	me		12/19
attac and beca with	as complete and accurate as possible. If two married peoch a separate sheet to this form. Include the line number case number (if known). If you believe that you are exenuse of qualifying military service, complete and file State this form. The Calculate Your Current Monthly Income	to which the a	additional in resumption	formation of abuse	applies. because	On the top of you do not ha	any additional pages, ve primarily consume	write your name r debts or
1.	What is your marital and filing status? Check one only.							
•	Not married. Fill out Column A, lines 2-11.							
	☐ Married and your spouse is filing with you. Fill out be	oth Columns A	and B, lines	2-11.				
	☐ Married and your spouse is NOT filing with you. You	and your spo	use are:					
	\square Living in the same household and are not legall	y separated. F	ill out both C	Column A	and B, lir	es 2-11.		
	Living separately or are legally separated. Fill of under penalty of perjury that you and your spous spouse are living apart for reasons that do not in	se are legally s	eparated und	der nonba	nkruptcy	law that applie	s or that you and your	
10 va ex	ill in the average monthly income that you received from 01(10A). For example, if you are filing on September 15, the aried during the 6 months, add the income for all 6 months xample, if both spouses own the same rental property, put 0 in the space.	ne 6-month per and divide the	iod would be total by 6. F	March 1	through a esult. Do column o	August 31. If th not include and only. If you hav	e amount of your mont y income amount more e nothing to report for	thly income than once. For
					Colui Debte		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, and deductions).	commissions	(before all p	ayroll		\$6,424.91		
3.	Alimony and maintenance payments. Do not include pais filled in.	lyments from a	spouse if Co	olumn B		\$0.00		
4.	All amounts from any source which are regularly paid f your dependents, including child support. Include regul unmarried partner, members of your household, your dep roommates. Include regular contributions from a spouse not include payments you listed on line 3.	lar contribution pendents, pare	s from an nts, and	•		\$0.00		
5.	Net income from operating a business, profession, or farm	Debtor 1	Debtor 2					
	Gross receipts (before all deductions)	\$0.00						
	Ordinary and necessary operating expenses	- \$0.00		_				
	Net monthly income from a business, profession, or farm	\$0.00		Copy here →		\$0.00		
6.	Net income from rental and other real property	B.H	Dilinia			<u> </u>		
٥.	Gross receipts (before all deductions)	Debtor 1 \$0.00	Debtor 2					
	Ordinary and necessary operating expenses	- \$0.00	_					
	c.aa., and nocessar, operating expenses			Сору				
	Net monthly income from rental or other real property	\$0.00		here		# 0.00		
				\rightarrow		\$0.00		
7.	Interest, dividends, and royalties					\$0.00		

Debtor 1

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Deb	otor 1	1 Alkareem Qaadir Document Page 2				ป์3 ^{Cas}	Case number (if known) 25-10144-amc	
		First Name	Middle Name	Last Name		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	8.	Unemployment compensation	ation			\$0 .	.00	_
	Do not enter the amount if you contend that the amount received was a benefit under				a benefit			
		the Social Security Act. Ins	tead, list it here:		\			
		For you		<u> </u>	\$0.00			
		For your spouse						
		Pension or retirement inci- benefit under the Social Se do not include any comper United States Government disability, or death of a me retired pay paid under cha that it does not exceed the entitled if retired under any	ecurity Act. Also, exceptance as a content of the uniformed of the uniformed of the 10, the amount of retired pages.	ept as stated in the next annuity, or allowance p disability, combat-related diservices. If you receiven include that pay only by to which you would ot	sentence, baid by the ed injury or ed any to the extent herwise be	<u>\$0.</u>	.00	-
	10	. Income from all other so Do not include any benefit received as a victim of	ts received under the var crime, a crime ag npensation, pension, ment in connection w h of a member of the	Social Security Act; pa ainst humanity, or interr pay, annuity, or allowar ith a disability, combat- uniformed services. If r	lyments national or nce paid by related			_
	— Tota	ll amounts from separate p	ages, if any.			+	- +	-
	11	. Calculate your total curre each column. Then add th				\$6,424.9	91 +	Total current monthly income
Pa	rt 2:	Determine Whether	the Means Test A	pplies to You				·
12.	Calculate your current monthly income for the year. Follow these steps:							
	12a.	Copy your total current monthly income from line 11					Copy line 11 here →	\$6,424.91
		Multiply by 12 (the number	r of months in a year).				x 12
	12b.	The result is your annual i	ncome for this part of	the form.			12b.	\$77,098.92
13.	Calcı	ulate the median family inc	come that applies to	you. Follow these steps	S:			<u> </u>
		the state in which you live	•••	Pennsylvania				
	Fill in	the number of people in ye	our household.	2	Ī			

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*. Go to Part 3. Do NOT fill out or file Official Form 122A-2.

To find a list of applicable median income amounts, go online using the link specified in the separate

instructions for this form. This list may also be available at the bankruptcy clerk's office.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*.

Go to Part 3 and fill out Form 122A–2.

\$80,864.00

Debtor 1

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First Name Middle Name

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Alkareem Qaadir Logan

Signature of Debtor 1

Date 02/11/2025

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.